

NIH SPECIAL VOLUNTEER AGREEMENT

I _____ offer to serve as a volunteer at the National Institutes of Health. In making this offer, I understand and agree that I will:

1. Follow the supervision and direction of the NIH employee(s) to whom I have been assigned to perform my volunteer services and activities.
2. Promptly disclose to the sponsoring Institute, Division, or other sponsoring NIH organization all inventions which were conceived or first reduced to practice during the term of my volunteer assignment at NIH, and sign and execute all papers necessary for conveying to the Government the right to which the Government is entitled in accordance with the determination made under the provisions of Executive Order 10096. Furthermore, I will be bound by all provisions of Executive Order 10096, and any orders, rules, regulations or the like issued thereunder when NIH determines the rights of the Government and the volunteer in and to inventions conceived or actually reduced to practice in the performance of services at NIH.
3. Submit publications resulting from work at NIH to be cleared for conformance with NIH publication policies.
4. Waive any and all claims for compensation from the Government of the United States for any services performed related to my volunteer assignment at NIH.
5. While on the premises of NIH, and while performing volunteer services off the premises of NIH, conform to all applicable administrative instructions and requirements of the Department of Health and Human Services, and NIH, including all regulations and procedures concerning conduct, safety, patient care, and animal care.
6. Be eligible under 5 U.S.C. 8101(1)(B) to file for benefits for work-related injuries and/or illnesses that may arise and are directly related to the performance of my volunteer assignment.
7. Be eligible for coverage under the Federal Tort Claims Act, (28 U.S.C. 2671), for any damages or injuries that may arise from the performance of my volunteer assignment.
8. Not be considered to be an employee of the Federal Government for any purposes other than tort claims and injury compensation, and that my volunteer service is not creditable for leave accrual or any other employee benefits.
9. If volunteering to provide direct patient care services, be subject to the same requirements for obtaining clinical privileges as other paid health professionals of the Public Health Services.
10. Be responsible for any cost or treatment for any illness or medical condition that may arise and is not directly related to the performance of my volunteer assignment. *While optional for U.S. citizens, I understand that it may or obtain adequate health insurance coverage prior to the beginning of my volunteer assignment.*

I understand that my volunteer assignment will begin on _____ and end on _____ ,
and that I will spend _____ hours/days per week providing volunteer services. I also understand that my
volunteer assignment may be terminated at any time by either party to this agreement.

(Signature of Volunteer)

(Date)

(Signature of Parent or Guardian of a Minor)

(Date)

(Signature of NIH Approving Official)

(Date)